FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruct		•				Office u	se only		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ole: If typying, t e lines	уре	12FE	4M5	1 1			
Conservative	Opportuni	ties for a New Americ	ca PAC	1111		1 1 1	1 1	11			
	1 1 1 1			1111	111	111		11	<u> </u>		ш
ADDRESS (number and	d street)	110 W Louisiana A	venue	1111	111						
(Check if add	Iress	Suite 312						11			لــــــ
is changed)		Midland			Ш	L <sub>T</sub> X	L	7	9701	34	14
COMMITTEE'S E-MA	AIL ADDRESS	8	CITY▲			STATE	•		ZIP CC	DE 📥	
wrbain45@ya			1111	1 1 1 1			1 1	1 1		1 1	1
	1111		1111	1 1 11	111	111	1 1	1 1	111	11	
COMMITTEE'S WEB	B PAGE ADDI	RESS (URL)									1
				1111		1 1 1			111		لــــــــــــــــــــــــــــــــــــــ
	1111	<u> </u>	1111	1111	111	1 1 1	1 1	1 1	111	11	لــــــــــــــــــــــــــــــــــــــ
COMMITTEE'S FAX 432 685-1435  2. DATE  0.5	M / D	2 0 0 6									
3. FEC IDENTIFICA	ATION NUME	BER	<b>C</b> C004	09458							
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED	D (A)						
I certify that I have exam  Type or Print Name of		ment and to the best of my k	nowledge and	oelief it is true, o	correct and	l complete	)				
Signature of Treasure	Electron'	cally Filed by William	Bain		[	Date	<b>0</b> 5	/ D	19	Y Y 2	0 <sup>°</sup> 0 6 <sup>°</sup>
NOTE: Submission of fa		, or incomplete information n	-						U.S.C. S	437g.	
Office Use Only			F	or further information of the second contract	Commissi 4-9530				EC FO		

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		emocratic, oublican,etc.) Party.					
	(e) This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party					
6.	Name of Any Connected Organization or Affiliated Committee						
l		<b>.</b>					
	Mailing Address						
	CITY▲ STATE▲ 2	ZIP CODE A					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on					
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Name			
Conservative Opportunities	s for a New America PAC		
<ol> <li>Custodian of Records: Identify possession of Committee boo</li> </ol>		nber optional), and position of t	he person in
Full Name William Ba	in		
Mailing Address	110 W Louisiana Ave	enue	
_	Suite 312		
_	Midland		79701 _ 3414
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Custodian of I	Records	<b>432</b> Telephone number	685
name and address of any des  Full Name of Treasurer William Ba	ignated agent (e.g., assistant tre	easurer).	
of Treasurer	110 W Louisiana Ave	enue	
	Suite 312		
_	Midland		79701 _ 3414
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Treasurer		Telephone number 432	685 1433
Full Name of Designated Agent			
Mailing Address			
_			
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
		Telephone number	

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<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rer safety deposit boxes or maintains funds.</li> <li>Name of Bank, Depository, etc.</li> </ol>						
	Mailing Address	National City Bank Michigan  2177 Auburn Road				
		Shelby Township MI 48317	]-[			
		CITY △ STATE △ ZIP C	ODE 🛆			